



City of Milwaukee Management Annual Increment

Department:	
Employee's Name:	
Job Title:	
Location #:	
Salary Grade:	
Salary Anniversary	
Pay Period #:	
Salary Anniversary Date:	
<u>Top</u>	
Bi-Weekly Salary:	\$
<u>Current</u>	
Bi-Weekly Salary:	\$
<u>New</u>	
Bi-Weekly Salary:	\$
Date Sent to Manager:	Date due back to payroll:

SALARY INCREMENT *(to be completed by Department Director:*

- ☐ *Approved: Percentage %* _____
- ☐ *Delay Until:* _____
- ☐ *Withhold*

Supervisor Signature

Date

Department Head Signature

Date